



INTERIM PROOF OF VACCINATION:

POST-VACCINATION AND FOLLOW-UP INFORMATION SHEET

IMPORTANT: KEEP THIS FORM. BRING IT WITH YOU TO YOUR VACCINATION SITE EXAM.

You have just been vaccinated with Smallpox Vaccine; please do not throw this sheet away. This sheet will serve as your proof of vaccination until you come back to the clinic for your vaccination site exam. On that date, you will get your permanent immunization card.

Name:	
Date vaccinated:	<u> </u>
Clinic:	<u> </u>
Clinic Telephone No.:	
APPOINTMENT FOR REQUIRED VACCIN	IATION SITE EXAM:
Date of Appointment:	
Clinic:	
Clinic Telephone No.:	
WHAT TO DO IF YOU THINK YOU ARE H	HAVING A BAD REACTION TO THE VACCINE:
Call:emergency room.	_, call your health care provider, or visit an

IMPORTANT: DO NOT DISCARD THIS FORM. YOU WILL NEED TO BRING IT WITH YOU WHEN YOU RETURN FOR YOUR VACCINATION SITE EXAM.

For more information, visit www.cdc.gov/smallpox, or call the CDC public response hotline at (888) 246-2675 (English), (888) 246-2857 (Español), or (866) 874-2646 (TTY)

[Version 1]

January 16, 2003

Page 1 of 1